

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4677AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/21/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESERT BREEZE CARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1872 HASIB COURT LAS VEGAS, NV 89156</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of A.  The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  Surveyor: 28380 Based on record review on 10/21/09, the facility failed to ensure 1 of 2 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1, a physical exam is required).  This was a repeat deficiency from the 10/10/08 State Licensure survey.  Severity: 2 Scope: 2	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 10/21/09, the facility failed to ensure 2 of 2 caregivers met background check requirements (Employee #1, finger print records and Employee #2, State and FBI investigation reports required).  Severity: 2 Scope: 3	Y 105			
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated	Y 251			

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Y 251	<p>Continued From page 2</p> <p>NAC 449.217</p> <p>2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation on 10/21/09, the facility failed to ensure refrigerated foods were kept at a temperature of 40 degrees or less (refrigerator at 48 degrees).</p> <p>Severity: 2    Scope: 3</p>	Y 251			

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